

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Exclusive Addiction Treatment Center	CHAPTER 100.1
Address: 31-631 Old Mamalahoa Highway, Hakalau, Hawaii 96710	Inspection Date: December 29, 2020 – Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-06 Disaster preparedness. (a)(4) The facility shall have a written plan for staff and residents to follow in case of fire, explosion, or other emergency. The plan shall be posted in conspicuous places throughout the facility. This plan shall include, but not be limited to:</p> <p>A quarterly drill schedule.</p> <p>FINDINGS Facility conducting monthly fire drills; however, all drills completed during "day shift" (no night shift drills/mock drills).</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Schedule drafted to cover all shifts and all types of emergencies. This will include fire drills on varying shifts.</p> <p>Unable to correct past drills.</p>	<p>01/22/21</p>

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<input checked="" type="checkbox"/>	<p>§11-98-06 <u>Disaster preparedness</u>, (a)(4) The facility shall have a written plan for staff and residents to follow in case of fire, explosion, or other emergency. The plan shall be posted in conspicuous places throughout the facility. This plan shall include, but not be limited to:</p> <p>A quarterly drill schedule.</p> <p><u>FINDINGS</u> Facility conducting monthly fire drills; however, all drills completed during "day shift" (no night shift drills/mock drills)</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Operations Manager, Safety Lead & Compliance Admin. created a drill schedule including fire drills on varying shifts. Mock situations will be simulated.</p> <p>Completed Drill reports will be verified by Compliance Administrator and/or operations Manager.</p>	<p>01/22/21</p>

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<input checked="" type="checkbox"/>	<p>§11-98-06 Disaster preparedness. (a)(4) The facility shall have a written plan for staff and residents to follow in case of fire, explosion, or other emergency. The plan shall be posted in conspicuous places throughout the facility. This plan shall include, but not be limited to:</p> <p>A quarterly drill schedule.</p> <p><u>FINDINGS</u> No quarterly drill schedule for fire, explosion, or other emergency.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Operations Manager, Safety lead and Compliance Admin. Created a schedule to simulate varying emergencies on varying shifts.</p>	01/22/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98.10 Minimum standards for licensure: administrative and organizational plan. (e) Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p>FINDINGS "The Exclusive - Medical Distribution of Medications read over-the-counter medications will be dispensed per directions made by the Medical Director as is appropriate based on the client's medical needs."</p> <p>Resident #4:</p> <ul style="list-style-type: none"> December 18, 2020 medication dosing schedule read "Chlordiazepoxide 25mg capsule take 1 cap every 6 hrs for 2 days and then taper to go off medication within 5 days." No physician order for administration obtained until 12/22/20. December 19 - 29, 2020 Supplement Dosing Schedule read "CBD cream apply to lower left C-spine area every hour as needed for pain." No physician order. December 20 - 29, 2020 Supplemental Dosing Schedule read "CDB oil take one dropperful twice a day." No physician order. 	<p>PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Medical Director and Lead Nurse reviewed chart and entered physician orders accordingly.</p>	<p>12/29/20</p>

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<input checked="" type="checkbox"/>	<p>§11-98-10 <u>Minimum standards for licensure, administrative and organizational plan. (e)</u> Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p><u>FINDINGS</u> "The Exclusive – Medical Distribution of Medications read over-the-counter medications will be dispensed per directions made by the Medical Director as is appropriate based on the client's medical needs."</p> <p>Resident #4:</p> <ul style="list-style-type: none"> December 18, 2020 medication dosing schedule read "Chlordiazepoxide 25mg capsule take 1 cap every 6 hrs for 2 days and then taper to go off medication within 5 days." No physician order for administration obtained until 12/22/20. December 19 – 29, 2020 Supplement Dosing Schedule read "CBD cream apply to lower left C-spine area every hour as needed for pain." No physician order. December 20 – 29, 2020 Supplemental Dosing Schedule read "CDB oil take one dropperful twice a day." No physician order. 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Medical Team retrained on where Physician orders should be entered in chart.</p> <p>Chart Audits done by Compliance Administrator will include a check on physician order entries.</p>	<p>12/31/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-11 <u>Minimum standards for licensure: personnel.</u> (c) There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a resident. Each health evaluation shall include a tuberculin skin test or a chest x-ray.</p> <p><u>FINDINGS</u> Employee #1 - hired on August 23, 2020. One (1) step tuberculosis (TB) skin test completed after hire on August 27, 2020. No two (2) step TB skin test.</p>	<p>PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Employee Contacted for a copy of 2-step result and it was added to employee file upon submission by employee on 1/4/21.</p>	<p>12/29/20 1/04/21</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§ 11-98-12 Minimum standards for licensure; services. (11) Individual records shall be kept on each resident which contain the following:</p> <p>Height and weight, which shall be recorded, upon admission and thereafter, quarterly;</p> <p>FINDINGS</p> <ul style="list-style-type: none"> • Resident #1 - admitted on December 8, 2020, weight recorded on December 9, 2020. • Resident #2 - admitted on December 8, 2020, weight recorded on December 9, 2020. • Resident #3 - admitted on December 10, 2020, weight recorded on December 14, 2020. 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§ 11-94.12 Minimum standards for licensure; services. (11) Individual records shall be kept on each resident which contain the following:</p> <p>Height and weight, which shall be recorded, upon admission and thereafter, quarterly;</p> <p><u>FINDINGS</u></p> <ul style="list-style-type: none"> • Resident #1 – admitted on December 8, 2020, weight recorded on December 9, 2020. • Resident #2 – admitted on December 8, 2020, weight recorded on December 9, 2020. • Resident #3 – admitted on December 10, 2020, weight recorded on December 14, 2020. 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Medical Team retrained to ensure Height & weight is recorded upon Admission. An Admission Requirements Check list will be used.</p>	12/31/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (a)(1) The design and construction of each building or buildings comprising the facility shall meet the minimum requirements of the following codes:</p> <p>The county fire department codes;</p> <p><u>FINDINGS</u> Residents' smoking on private lanai/balcony less than five (5) feet from bedroom entrance/windows.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Residents and staff immediately notified of change to smoking areas. Smoking area appropriately set up on cement pad.</p>	<p>12/29/20</p>

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<input checked="" type="checkbox"/>	<p>§11-98-14 Physical facility. (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Refrigerator contained "coconut milk" expired 12/26/20.</p>	<p>PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Coconut Milk immediatly removed.</p>	<p>12/29/20</p>

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<input checked="" type="checkbox"/>	<p>§11-98-14 Physical facility. (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p>FINDINGS Two (2) lounge chairs and one (1) side table obstructing pathway to safe area of refuge from upstairs lanai to exterior stairway.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Furniture immediately moved back. Residents asked not to move furniture. Staff and residents reminded to keep all entrances/exits, staircase etc. free of all obstructions.</p>	<p>12/29/20</p>

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Licensee's/Administrator's Signature: L. K. Purdy
Print Name: Lezlie K. Purdy-Rivera
Date: 03/12/2024